



<p><b>PHOTO AREA</b></p> <p><b>PASTE A 2" X 3"</b> <b>PHOTO HERE</b></p> <p><b>PHOTO MUST BE RECENT AND MUST BE OF YOUR HEAD &amp; SHOULDER AREAS ONLY</b></p> <p><b>SCANNED, ALTERED, OR POLAROID PHOTOS ARE NOT ACCEPTABLE.</b></p>	<p><b>PHOTO DECLARATION</b></p> <p>I hereby declare under penalty of perjury under the laws of the State of California that the photo of me attached hereto, was taken on or about _____.</p> <p>Applicant's Signature: _____</p>
<p><b>TELEPHONE NUMBER</b></p>	<p style="text-align: center;"><b>CURRENT ADDRESS OF RECORD (PUBLIC/MAILING ADDRESS)</b></p> <p>Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p><b>This is the address that will be displayed on your profile on the Board's Internet Web site. If listing a PO Box, you must also provide a confidential street address.</b></p> <p><b>Confidential Street Address:</b></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>NOTICE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to identify the licensee and to verify the licensee's identification under Section 2081 of the Business and Professions Code. Licensees have the right to review their application file subject to the provisions of the Information Practices Act. The Licensing Program Chief is the custodian of records. Information in this application may be transferred to other governmental and law enforcement agencies.</p>	

### AFFIDAVIT

I certify under penalty of perjury under the laws of the State of California that the information provided on this form, including supporting documentation and photograph of me, is true and correct and that I am licensed/registered to practice in the State of California.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### NOTARY

This individual, \_\_\_\_\_, has appeared before me, signed in my presence and is identified as the above individual. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Telephone Number

Address \_\_\_\_\_

My commission expires \_\_\_\_\_. SEAL